

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011633

STATE FILE NUMBER

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

681

DATE OF DEATH 1-9-1959

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton (5)		c. CITY OR TOWN Ladue (24)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Louis Co. Hosp. DOA		d. STREET ADDRESS (If outside, give location) 1110 Thornwood Dr.	
Length of stay in 1b		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Melvin Middle Lazar Last Petkovich			4. DATE OF DEATH Month March Day 14 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 30, 1914	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 4 Days 14 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Private Practice		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lazar C. Petkovich			
13b. MOTHER'S MAIDEN NAME Mileva Doder		14. NAME OF HUSBAND OR WIFE Katherine I. Petkovich			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and place of service) Yes 1954-1956		16. SOCIAL SECURITY NO. 497-05-5209		17. INFORMANT Address Dr. Mrs. Melvin L Petkovich 1110 Thornwood	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown - of natural cause		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7454		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 7454	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1951 to 1959	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis STATE Missouri	
21. I attended the deceased from 1951 to 1959 and last saw him alive on Jan 1959 Death occurred at 3 am on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Lazar M. Petkovich (Degree or title)		22b. ADDRESS 4409 W. Main	
22c. DATE SIGNED 3/14/59			

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 17, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blv		25. DATE RECD. BY LOCAL REG. 3-14-59	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr.L.Kotner
4409 West Pine Blvd
11 A.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*
P. O. Address *6175 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.